

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		0		2		
7		0		2		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
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50						
Total indep	1		1			
Total Depend	19		21			
Total Claims	20		22			

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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Total indep						
Total Depend						
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